

10

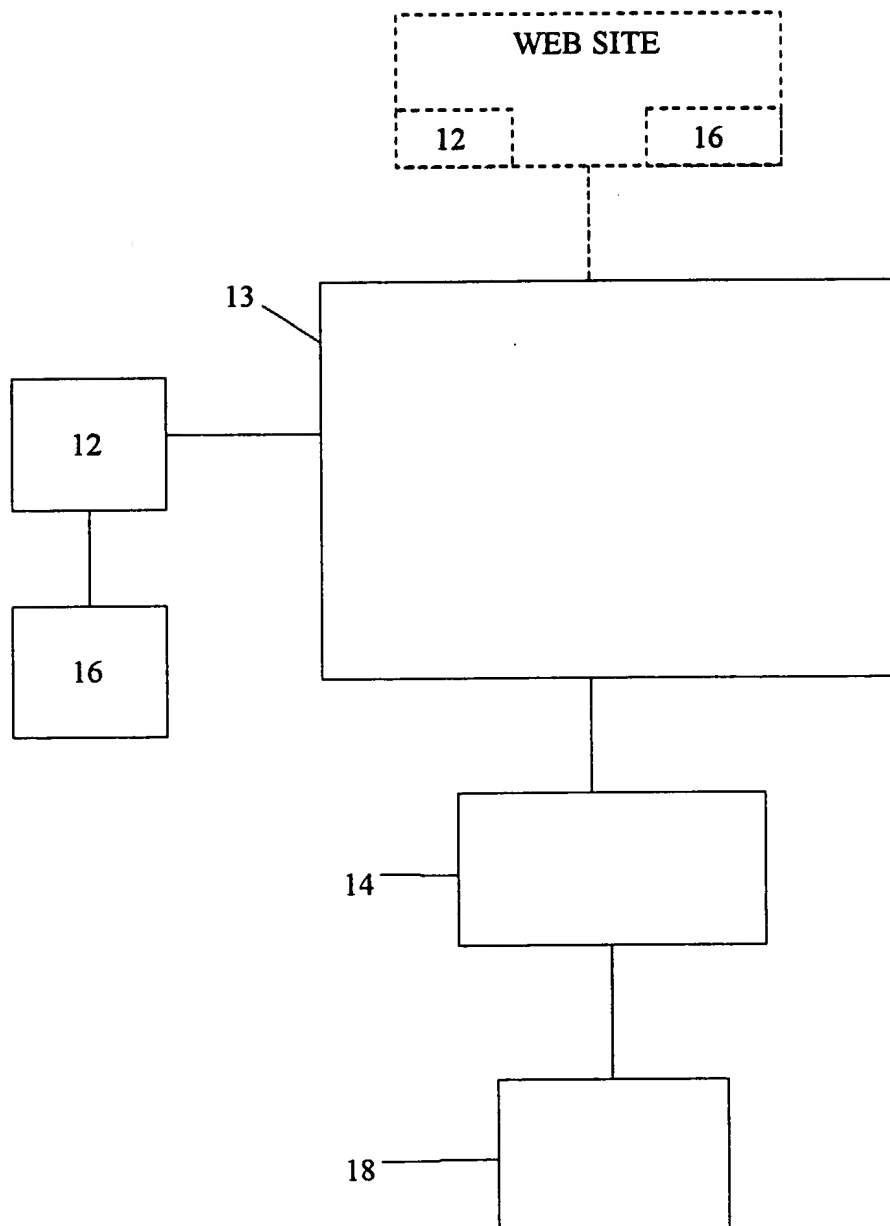


FIG. 1

454 Allergies 364
QUINIGLUTE: swelling of feet & hands, dizziness & joint pain. 12/98
PROCAINAMIDE SR & PROCANBID 1000 mg BID: swelling of feet & hands, dizziness & joint pain. 10/30/98
SINEMET: dizzy, faint, LOW BP, sweaty, nausea 7/25/98. Decreased to 1/2 pill. Now back to 1 3x's

2366
Current Medical Conditions
DIABETES: 10/99
HEART DISEASE: Wears DEFIBILATOR. 2/3/98
HERNIA: where esophagus did not heal. 10/97
ANEURYSM: on heart wall. Dr. Mahal. 8/12/96
PARKINSONS: diagnosed by Dr. Greenberg, Somerville. Took Sinemet & Artane 3/31/93

356
Surgeries & Procedures
DEFIBRILATOR IMPLANT: AICD. Dr. Preminger, RWJ. Had congestive heart failure. 2/3/98
ESOPHAGUS CANCER: Dr. Diehl, Morristown. Partial removal. Cured. 9/13/96
ANGIOPLASTY & STENT: Dr. Mahal, Morristown. Aneurysm on heart wall. 8/12/96
ANGIOPLASTY: Dr. Gantz, Newark. Israel. 10/18/89

235d
Past Medical Conditions
DEHYDRATION: lowered Lasix. 8/27/98
DEPRESSION: 10 mg. Paxil from approx. 298 to 8/98
HEART ATTACK: 10/8/89

27
LifeReport Date: 11/10/99
Born: 8/30/00 Age: 75 SSN: 100-10-1000 Blood Type: A+
Height: 5'8" Weight: 162 Normal Blood Pressure: 140/80
Flu Shot: 10/99
Pneumonia Shot:
Living Will Organ Donor DNR Location: Daughter, Stephanie has.

2366
Current Medical Conditions
DIABETES: 10/99
HEART DISEASE: Wears DEFIBILATOR. 2/3/98
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235d
Past Medical Conditions
DEHYDRATION: lowered Lasix. 8/27/98
DEPRESSION: 10 mg. Paxil from approx. 298 to 8/98
HEART ATTACK: 10/8/89

18 READ IN EMERGENCY 30

This LifeReport For: **John Smith** - 30
00 Sunnymeade Rd.
Somerville, NJ 08876
Work:
Insured By: Medicare A&B
ID#: 100-10-1000 Group #: 100-10-1000
Secondary: United Health ID#: 100-10-1000 Group #: 100-10-1000

308
Schedule of Medications (Including Non-Prescription & Supplements)

Medication	Dosage	Frequency	Notes
Pepcid	(20 mg)	Dr. Mahal	empty stomach
Capoten	(25 mg)	Dr. Mahal	from 1/2 to 1 pill 10/6/98
Sinemet CR	(50/200)	Dr. Friedlander	to 3 pills on 12/6/98
Amantadine	(100 mg)	Dr. Friedlander	
Migoxide	(Vitamin)	Dr. Neiman	
Baby Aspirin	(81 mg)	Dr. Mahal	
Lanoxin	(0.25 mg)	Dr. Mahal	
ABC Plus Senior	(Vitamin)	Dr. Neiman	
Lasix (Furosemide)	(20 mg)	Dr. Mahal	MWF only with juice
Coumadin	(5 mg)	Dr. Mahal	
Transderm Nitro	(0.2 mg/hr)	Dr. Mahal	Apply 9 AM Remove 9 PM

308
Medications PRN "When Needed"

Medication	Dosage	Frequency	Notes
Nitrostat	(0.4 mg tab)	Dr. Mahal	
Tylenol			

308
Physicians

Physician	Phone	Specialty/Group	Fax	City/State
Dr. Deborah Neiman	908-555-0632	Family Doctor	908-281-9848	Somerville, NJ
Dr. Sharan S. Mahal	908-555-8668	Cardiologist	908-231-8761	Bridgewater, NJ
Dr. Mark Preminger	732-555-7208	Cardiologist RWJ		New Brunswick, NJ
Dr. Mark Preminger	732-555-7786	Direct Line		
Dr. Friedlander	732-555-1300	Neurologist		East Brunswick, NJ
Dr. William Diehl	973-555-6400	Oncologist	973-267-7295	Morristown, NJ
Dr. Fleming	973-555-1850	Ears, Nose, Throat		Morristown, NJ

308
In Case of Emergency... Call:

Stephanie Ward . . . Daughter . . . 908-555-3837
Work: 908-359-1514 Cell Phone:
Peter M. Hnatuk . . . Son . . . 908-555-6358
Work:
Marge Iarkowski . . . Companion . . . 908-555-8592
Work:

Eckerd Pharmacy 908-555-9223 Fax:
3373 or visit our website: www.lifereport.com

3373 or visit our website: www.lifereport.com

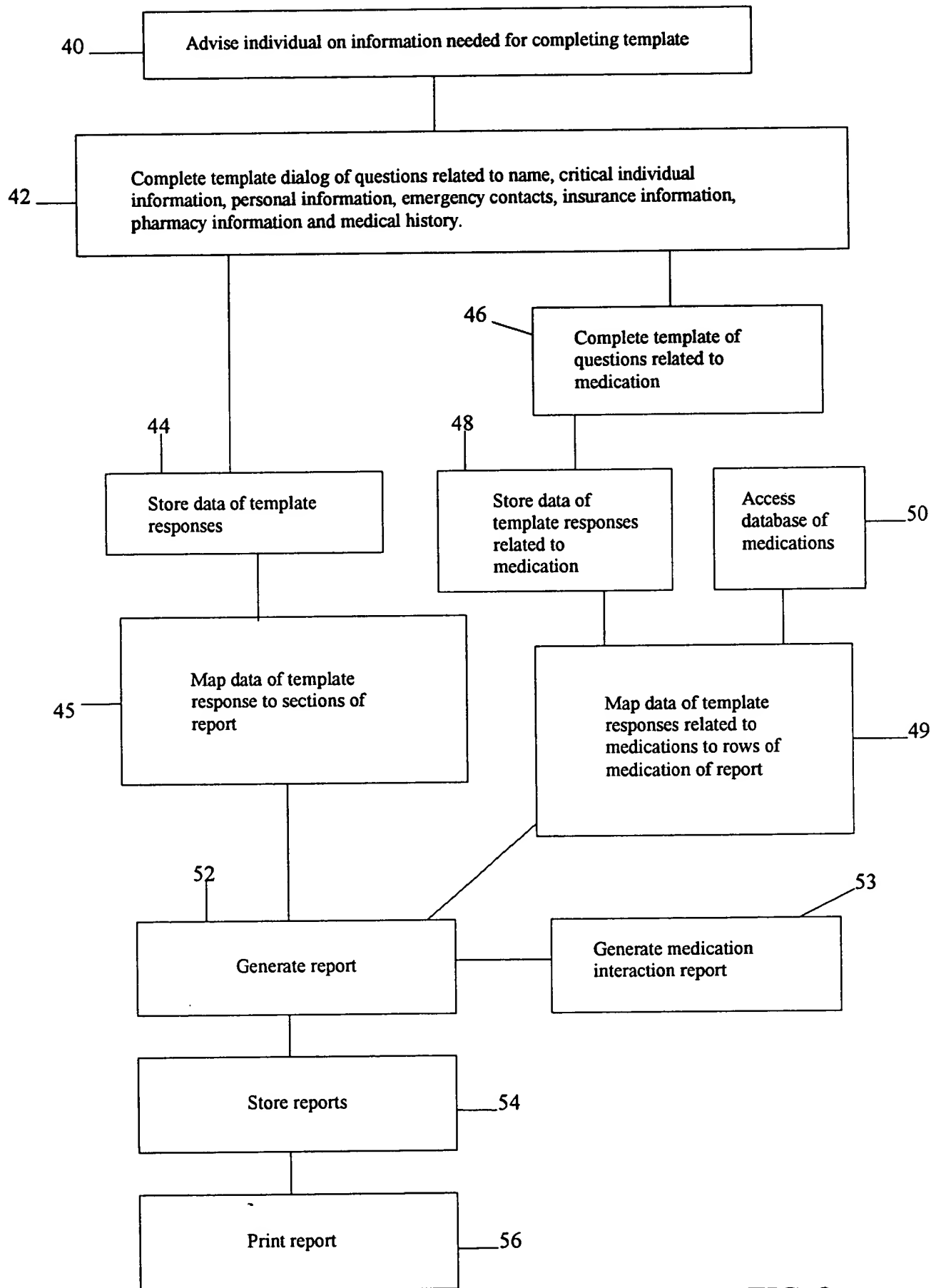


FIG. 3

1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315</
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- If yes, questions 3 thru 7 repeated until a no answer is given.

- ## 9. The Blood Type?

- Name: _____ Identification #: _____

- Group #: _____ Phone #: _____

- Name: _____ Identification #: _____

- Group #: _____ Phone #: _____

12. In Case of Emergency, who should be contacted? (please limit your choices to no more than six)

Fig. 4 A

CONT. FILE 4A

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

13. Your Pharmacy?

Name: _____ Phone #: _____

14. Alternate Pharmacy?

Name: _____ Phone #: _____

15. The Physicians?

Name: _____ Type of Physician: _____

Address: _____

Phone #: _____ Fax #: _____

16. Is there another Physician? ____ yes ____ no

If yes, question 15 is repeated until a no answer is given.

17. Is there any Allergies?

Allergic to: _____

18. Is there another Allergy? ____ yes ____ no

If yes, question 17 is repeated until a no answer is given.

19. Is there any Medical Conditions?

Medical Condition: _____

Diagnosed by: _____ On: _____

20. Is there another Medical Condition? ____ yes ____ no

If yes, question 19 is repeated until a no answer is given.

21. Is there any Diseases?

660721560460

cont. Fig. 4A

Disease: _____

Diagnosed by: _____ On: _____

22. Is there another Disease? ____ yes ____ no

If yes, question 21 is repeated until a no answer is given.

23. Was there any Surgical Procedures?

Surgical Procedure: _____

Attending Physician: _____

Date of Surgery: _____

At What Hospital: _____

Outcome: _____

24. Is there another Surgical Procedure? ____ yes ____ no

If yes, question 23 is repeated until a no answer is given.

25. Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin
Dependency?

Please Describe: _____

26. Is there another Medical Alert? ____ yes ____ no

If yes, question 25 is repeated until a no answer is given.

The **Question & Answer Session I: (Preliminary Information)** is complete.

66031-150450

[illegible]

The Question & Answer Session II: (Prescription Regimen) begins.

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1. What is the prescription drug?

Name: _____

Dosage: _____

Prescribing

Physician: _____

Physician's Orders: _____

Date The Prescription was Filled: _____

2. Is there another Prescription Drug? _____ yes _____ no

If yes, question 1 is repeated until a no answer is given.

3. What is the non-prescription drug?

Name: _____

Dosage taken: _____

Recommended Dosage: _____

Physician's Orders: _____

4. Is there another Non-Prescription Drug? _____ yes _____ no

If yes, question 1 is repeated until a no answer is given.

5. What is the earliest time of the day a drug will be taken or given?

6. What is the latest time of the day a drug will be taken or given?

The Question & Answer Session II: (Prescription Regimen) is complete.

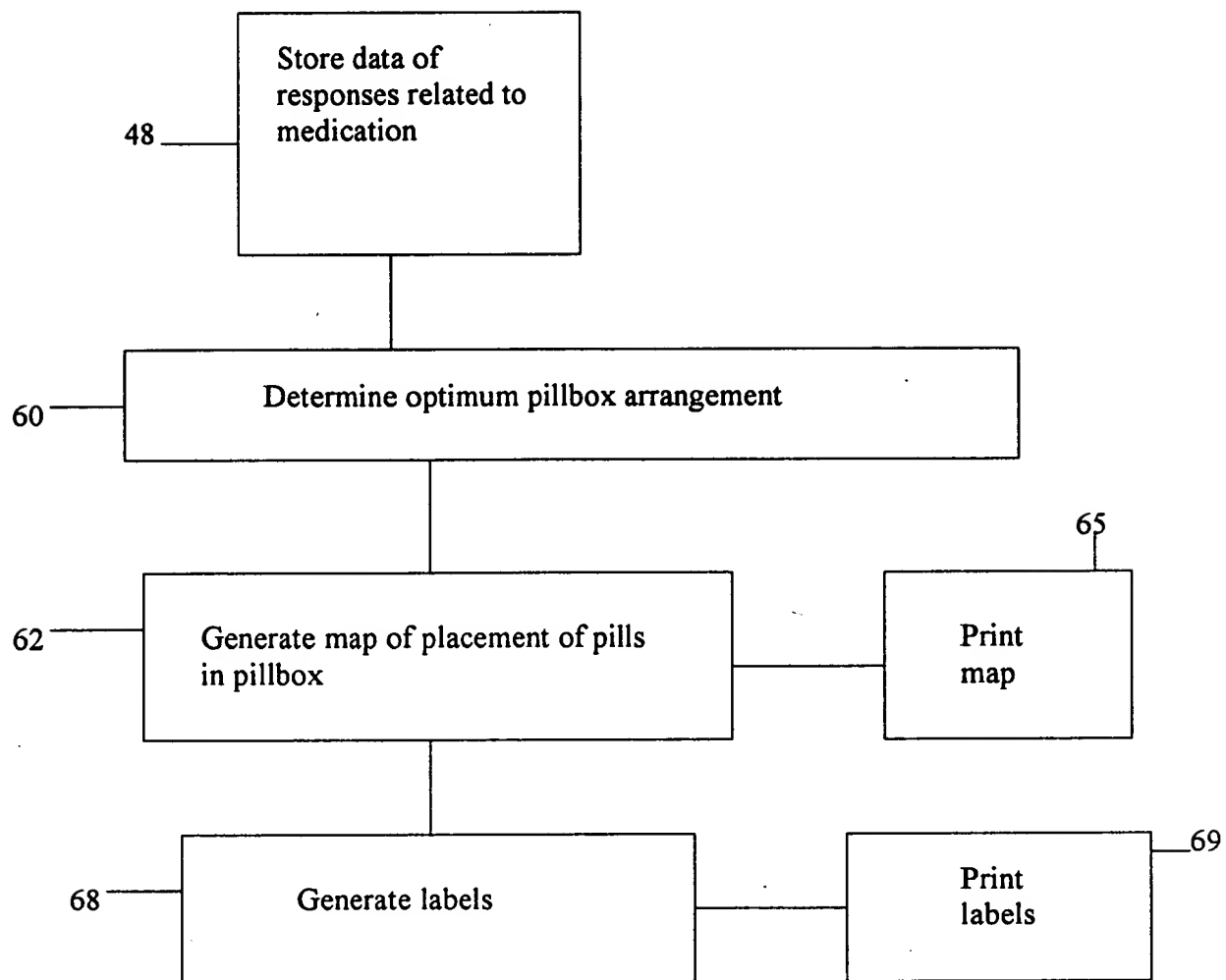


FIG. 5

John Smith

SS#: 100-10-1000

DATE 55835450

How To Arrange Your Pillbox Your PILL BOX MAP

u/

PATCH Transderm Nitro

(0.2 mg/hr)

Dr. Mahal

Apply 9 AM — Remove 9 PM

266d

266a

Evening	Morning
<p>EVENING 8:00 p.m.</p> <p>LASIX ⊖ MWY only with Juice</p> <p>PEPCID</p> <p>CAPOTEN ⊕ empty stomach</p> <p>COUNADIN</p> <p>SINEMET</p> <p>AMANTADINE to 3 pills on 12/16/98</p>	<p>MORNING Before Breakfast</p> <p>PEPCID</p> <p>CAPOTEN ⊕ empty stomach</p> <p>SINEMET</p> <p>AMANTADINE to 3 pills on 12/16/98</p>
<p>AFTERNOON 2:00 p.m.</p> <p>SINEMET</p> <p>CAPOTEN ⊕ empty stomach</p> <p>AMANTADINE to 3 pills on 12/16/98</p>	<p>MORNING After Breakfast</p> <p>BABY ASPIRIN</p> <p>LANOXIN</p> <p>ABC Plus SENIOR VITAMIN</p> <p>MAGOXIDE</p>

266c

266b

FIG. 6

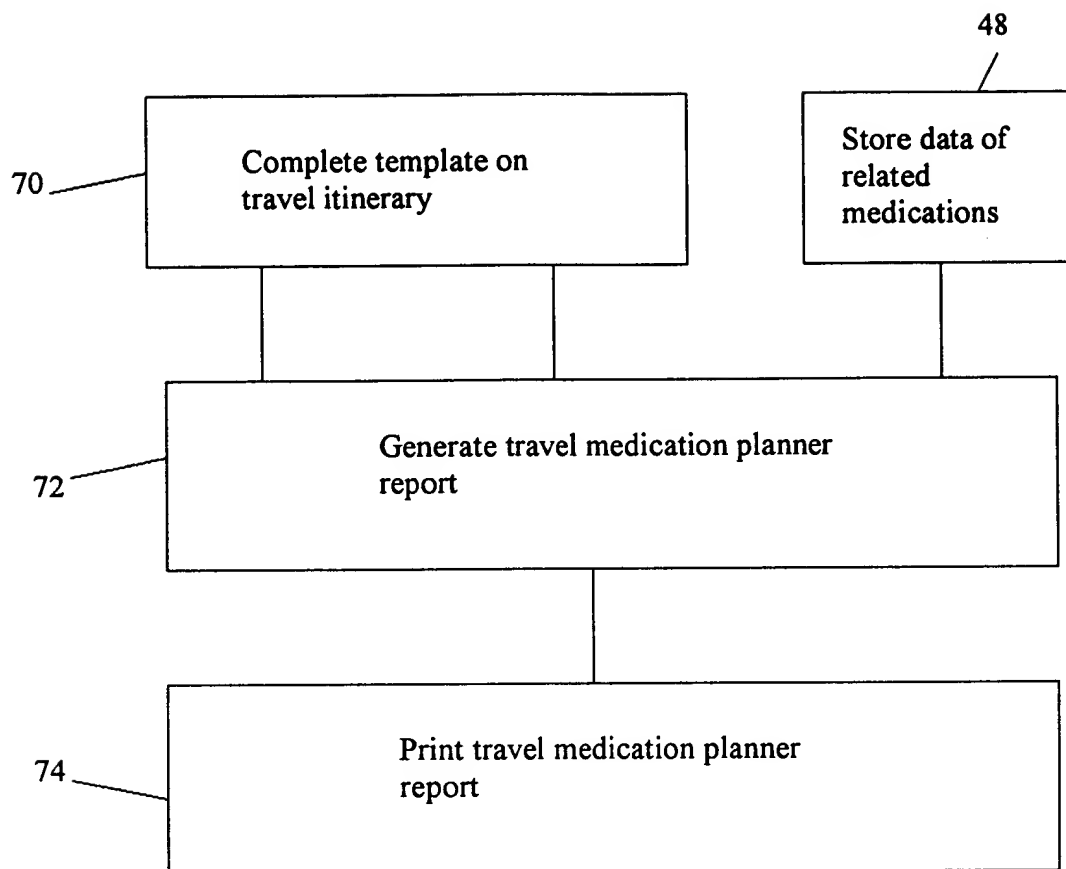


FIG. 7

THE

Todays Date:	November 15, 1999
Trip Start Date:	December 1, 1999
Trip End Date:	December 8, 1999
Duration of Trip:	7 Days

Take your trip medications starting in the morning of December 1, 1999.

need a refill
for your trip.

2

Eckerd Pharmacy **908-281-9223** **Fax:**

The HOME MEDICAL MANAGER
© 1999

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